

Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1C531 U.S. PRO
09/748665
12/21/00

REISSUE PATENT APPLICATION TRANSMITTAL

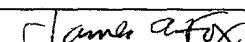
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No. 25352-0011
	First Named Inventor Sportsman
	Original Patent Number 5,851,988
	Original Patent Issue Date (Month/Day/Year) Dec. 22, 1998
	Express Mail Label No. EL293557474US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input type="checkbox"/>	Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/>	Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/>	Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/>	Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/>	Original U.S. Patent currently assigned?	12. <input type="checkbox"/>	Preliminary Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, check applicable box(es))	13. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/>	Written Consent of all Assignees (PTO/SB/53)	14. <input type="checkbox"/> Other:	
<input type="checkbox"/>	37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	25213		or <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>		
Name	James A. Fox Heller, Ehrman, White and McAuliffe				
Address	275 Middlefield Road				
City	Menlo Park	State	CA	Zip Code	94025-3506
Country	USA	Telephone	(650) 3247198	Fax	(650) 3240638

NAME (Print/Type)	James A. Fox	Registration No. (Attorney/Agent)	38,455
Signature		Date	Dec. 21, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

12-27-00

A/RE

12/21/00
U.S. PTO
12/21/00Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1C531 U.S. PTO
09/748665
12/21/00

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	25352-0011
	First Named Inventor	Sportsman
	Original Patent Number	5,851,988
	Original Patent Issue Date (Month/Day/Year)	Dec. 22, 1998
	Express Mail Label No.	EL293557474US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		14. Other:

15. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		25213 (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name	James A. Fox Heller, Ehrman, White and McAuliffe				
Address	275 Middlefield Road				
City	Menlo Park	State	CA	Zip Code	94025-3506
Country	USA	Telephone	(650) 3247198	Fax	(650) 3240638

NAME (Print/Type)	James A. Fox	Registration No. (Attorney/Agent)	38,455
Signature	James A. Fox	Date	Dec. 21, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.